



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Jamile	Alexander	Douglas	808 2656374
MAILING ADDRESS (Street) 134 Hoahana Place			FAX
Honolulu HI 96825			
(City) (State) (Zip Code)			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Plumbers and Fitters, Local 675			TELEPHONE 808 536-5454
MAILING ADDRESS (Street) 1109 Bethel St. (Basement Level)			FAX 5282629
Honolulu HI 96813			
(City) (State) (Zip Code)			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Plumbers and Fitters, 675			TELEPHONE 808 536-5454
MAILING ADDRESS (Street) 1109 Bethel St. Hon HI 96813			FAX 5282629
(City) (State) (Zip Code)			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Colleen Kauhane			TELEPHONE 808 536-5454
MAILING ADDRESS (Street) 1109 Bethel St. (Basement Level)			FAX 5282629
Hon. HI 96813			
(City) (State) (Zip Code)			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Alexander H. Jamile
(Signature of Lobbyist)

1-31-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Herbert SK Kaopua Sr

Business Manager

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Plumbers & Fitters Union Local 675

536-5454

MAILING ADDRESS (Street)

FAX

1109 Bethel Street - Lower Level

528-2629

(City)

(State)

(Zip Code)

Honolulu

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Herbert A. K. Kaopua

2/1/07

(Signature of Authorizing Officer or Person Represented)

(Date)